

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Continuation-in-Part
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	---
<b>Suggested Group Art Unit::</b>	---
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	METHODS AND COMPOSITIONS FOR THE AMPLIFICATION OF MUTATIONS IN THE DIAGNOSIS OF CYSTIC FIBROSIS
<b>Attorney Docket Number::</b>	034827-1502
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	1
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	People's Republic of China
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Doug Hui
<b>Family Name::</b>	Huang
<b>City of Residence::</b>	Aliso Viejo

**State or Province of** California  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 27662 Aliso Creek Road, #9111  
**City of mailing address::** Aliso Viejo  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92656

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Feres  
**Family Name::** Hantash  
**City of Residence::** Dana Point  
**State or Province of** California  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 44 Seastar Court  
**City of mailing address::** Dana Point  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92629

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Ronald  
**Family Name::** Kagan

**City of Residence::** Mission Viejo  
**State or Province of Residence::** California  
**Country of Residence::** US  
**Street of mailing address::** 28401 Los Alisos  
Apt 7305  
**City of mailing address::** Mission Viejo  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92692

**Correspondence Information**

**Correspondence Customer Number::** 30542  
**E-Mail address::** PTOMailSanDiegoNorth@Foley.com

**Representative Information**

<b>Representative Customer Number::</b>	30542	
---	-------	--

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Continuation-in-part of	10/659,582	09/09/2003

**Assignee Information**

**Assignee name::** Quest Diagnostics Incorporated